

THE PROGRAM FOR RECOVERING NURSES (PRN)

A Program Administered by the
Idaho Board of Nursing



Important Information for Participants 2012

*PRN Mission: To protect the public safety, health and
welfare while assisting nurses
in their recovery and return to safe practice.*

Table of Contents

Safety to Practice Statement1

Board of Nursing Beliefs.....2

About the PRN3

Initiating Participation in the PRN for Board-Referral Participants6

Substance Use/Mental Health Disorder Evaluators.....7

Treatment8

Return to Nursing Practice.....10

Managing Relapse11

Drug Testing13

No Access to Controlled Substances15

Provisions for Nurses Prescribed Potentially Addicting or Impairing Medications17

Authorized Temporary Release from Monitoring.....19

Worksite Monitors20

Professional Support Groups21

Glossary of Terms23

Board of Nursing Rules.....32

Contact Information.....33



Safety to Practice

(A Statement adopted by the Board of Nursing April 29, 2005)

One essential element of safe nursing practice is a nurse's functional ability: the competence and reliability with which a nurse is able to practice at any given time.

The board is aware that nurses sometimes experience situations that may compromise their ability to safely practice for either the short or long term. Some of these situations involve personal or job-related stress, sleep deprivation, the normal effects of aging, and episodic or persistent health conditions, some of which may require pain management or the use of maintenance-level prescribed medication. The list is not exclusive.

Whether a nurse should continue active nursing practice when that practice may be compromised depends upon the nurse's ability to function safely and effectively. The assessment of functional ability is an individualized process that does not lend itself to application of a set format based on select elements. On the contrary, assessment of functional ability requires active consideration of all relevant factors, such as diagnosis, prescribed treatment and situational events, as well as an evaluation of the impact of those factors on the individual being assessed.

Although constant evaluation of one's ability to safely and competently practice nursing is the responsibility of each individual nurse, the Board of Nursing remains the ultimate decision maker. In some instances, it may be necessary for the Board to require objective physical and/or functional assessment, using reliable psychometric instruments and methods administered by qualified licensed professionals. For example, even though an individual nurse might perceive that he is capable of safe practice, a neuropsychiatric assessment, done at the Board's request, may indicate functional impairment.

Licensed nurses are accountable for assuring that their actions and behaviors meet all applicable standards at all times. This requires constant awareness of the demands of the job and a continual process of evaluation and assessment in order to make sure that the nurse is fit to practice and competent to safely perform those functions that fall within the defined scope of nursing practice and for which the nurse has accepted responsibility. Nurses who practice while not fit to do so may be subject to disciplinary action by the Board including, among others, license suspension or revocation, remedial measures, or monitored practice.



The Idaho Board of Nursing believes that:

- Substance use and mental health disorders are primary illnesses.
- These illnesses may impair the nurse's ability to practice safely.
- Appropriate treatment and aftercare can assist nurses in their recovery.
- Assurances programs that include treatment and monitoring are effective in protecting the public while assisting the nurse in recovery.
- Nurses who willingly cooperate with an assistance program by complying with treatment and monitoring requirements should be allowed to avoid disciplinary action.

Adopted 5/4/2012

About the PRN

The Idaho Board of Nursing supports an alternative to discipline for nurses who have been (or are likely to be) charged with violating the Nursing Practice Act, but who are willing to stipulate to certain facts and enter a program approved by the Board.

The Board offers three options for this alternative to disciplinary action:

Option 1 – Self Referral:

- The nurse seeks treatment and monitoring on his/her own behalf, independent of coercion or condition by one's employer, the Board of Nursing, or others.

Option 2 – Non-Board Referral:

- The nurse has not been reported to the Board for violations of the Act or Rules.
- The nurse or an agent of the nurse (employer, colleague, family member, etc.) contacts the Program for Recovering Nurses requesting assistance.
- The nurse agrees to enter treatment for chemical addiction or mental illness and signs a contract for monitoring by the Program for Recovering Nurses.
- The nurse is compliant with all conditions of the monitoring contract.
- Nursing practice may be resumed following approval by the Program Coordinator.
- The nurse is released from the Program following satisfactory completion.

Option 3—Board Referral:

- A formal complaint has been filed with the Board of Nursing; or
- The nurse has voluntarily surrendered his/her license to the Board and has admitted to a disability relating to alcohol or drug use or to emotional or mental conditions.
- The nurse waives the right to a hearing.

- It may be necessary for the nurse to discontinue practice for a time period.
- The nurse is referred by Board staff to the Program for Recovering Nurses and must sign a Contract for Monitoring.
- The nurse agrees to enter treatment.
- Nursing practice is resumed only after a conditional limited license has been issued by the Board with requirements for continued monitoring through the Program for Recovering Nurses for up to five (5) years.
- The nurse is compliant with all conditions of the monitoring contract.
- The nurse is released from the Program following satisfactory completion.

There is no record of formal disciplinary action taken by the Board of Nursing.

Guidelines For Program Participants

(These Guidelines are intended to provide instruction and direction about essential components of the Program for Recovering Nurses. They should be used for this purpose.)

Initiating Participation in the PRN for Board–Referral Participants

Once the nurse makes the decision to enroll in the PRN, a number of preliminary steps must be put into place before full participation begins. Accomplishment of these steps takes time but is essential for both the participating nurse and the PRN program administrators.

Full participation in the PRN may require some or all of the following, which must be accomplished within 90 days of determination by the Board of Nursing of eligibility to participate in the PRN:

- Initial contact with the PRN contract vendor to initiate 'intake' into PRN
- Drug/alcohol and/or mental health assessment with treatment recommendations
- Identification and initiation of appropriate treatment
- Preparation of the individualized monitoring contract by PRN
- Review and return of signed monitoring contract by the nurse to PRN
- Arrangements by the nurse for random drug screening with the approved laboratory

Nurses who fail to fully participate in PRN activities within this timeframe may be referred to the Board of Nursing for disciplinary action.

Approved 4/16/2010

Drug/Alcohol and Mental Health

Preliminary Screening

Persons qualified to conduct preliminary screening include:
Licensed and/or certified qualified health professionals

Preliminary screening includes:

- Identification of the primary issue under consideration
- Personal and professional history; relevant health issues; family relationships; arrests/convictions; substance use patterns; mental health history; addictive, unsafe or disruptive behaviors; and other maladaptive patterns of behavior
- Previous treatment and effects/outcomes
- Identification of appropriate course of action

Report of preliminary screening includes:

- Identifying information — name, age, etc.
- Mental health history and/or drug/alcohol history (including prior treatment, hospitalizations)
- Results and interpretation of data collected, including findings from psychosocial testing, police reports, body fluid testing, screening instruments
- A statement of the evaluator's degree of confidence in the findings
- Recommendations for next appropriate course of action

Recommendations may include:

- Referral for further assessment (Axis I through V), and resulting
- recommendations
- Return to/continuation of nursing practice
- Other

Reaffirmed 6/25/2010

Substance Use/Mental Health Disorder Evaluators

Evaluation is the process of collecting relevant information about the individual with a suspected or known substance use disorder or known mental health disorder that may impair practice. The evaluation provides the basis necessary to deal with each individual case, both immediately and in the foreseeable future.

Evaluation is an essential step in development of an appropriate individualized treatment strategy that may include crisis management and primary care, stabilization and maintenance care. In order for evaluations to be considered reliable and valid, they should be managed by evaluators who possess specialized skills and are adept in the use of a variety of assessment tools.

Qualified Substance use and mental health disorders evaluators:

1. Are expert in their field with credentials demonstrating competence in mental health and/or substance use disorder assessments to include:
 - Mental health: licensed advanced practice professional nurse, licensed clinical social worker, licensed physician, licensed professional counselor, licensed psychologist
 - Substance use: certified alcohol and drug counselor, licensed advanced practice professional nurse, licensed clinical social worker, licensed physician, licensed professional counselor, licensed psychologist
2. Are experienced in the use of valid, reliable evaluation instruments tools and processes;
3. Are committed to obtaining an understanding of standards necessary for safe nursing practice;
4. Have experience in recommending plans for treatment;
5. Agree to release authorized reports to the Program for Recovering Nurses and the Board of Nursing.

Approved 10/7/2011

Treatment

The goal of treatment for substance use and mental health disorders is to reduce or eliminate the symptoms and difficulties associated with these primary illnesses. Treatment must be based on valid, reliable protocols directed toward success in recovery and safe return to nursing practice.

Nurses should be given options for comprehensive treatment that is personalized to their individual needs and that includes family involvement during treatment.

A. Treatment should include:

1. Crisis Management which focuses on:
 - a. Personal and public safety
 - b. Detoxification
2. Primary Care (either inpatient or outpatient) which addresses:
 - a. Education about the disease, including symptoms and precipitating factors
 - b. Identification of physical, psychological and/or social issues
 - c. Beginning journey to sustained recovery
3. Continuing care which addresses:
 - a. Long-term management of psychological, physiological and social issues
 - b. Participation in recommended support groups
 - c. Education and relapse prevention strategies
 - d. Commitment to the process of recovery
 - e. Restoration of optimal level of function
 - f. Re-entry to nursing practice

B. Treatment should adhere to the following quality indicators:

1. Current state and/or national accreditation or approval or appropriate credentialing
2. Delivery by qualified health care providers educated and experienced in the treatment of substance use and/or

mental health disorders consistent with the needs of nurses to whom services are provided

3. Comprehensive assessment that may include a physical examination and medical history; substance use history; psychological examination and psychological testing; psychiatric consultation; pain management assessment; social/family assessment; career/job assessment
4. Treatment recommendations developed for each nurse's individual needs as determined by the comprehensive assessment
5. Development of a continuing plan of care for each nurse
6. Recommendations for timeframes and conditions for safe reentry to nursing practice

Approved 10/7/2011

Return to Nursing Practice

Nurses who are actively engaged in recognized recovery programs, and as a result do not represent a risk to the public, should be allowed to continue/return to practice. The decision to support return to practice is based on determination that there is little if any potential for harm to both patients and the individual nurse because of return to practice.

Return to practice may be allowed when the nurse demonstrates stability in recovery as evidenced by:

- Abstinence of at least 90 days; and/or
- Statement from the treatment provider that the nurse is following the recommended treatment plan; and
- Statement from the treatment provider that the nurse demonstrates stability sufficient for return to practice

Return to practice is conditioned on receipt of:

- Name, address, phone number of the place of employment
- Name of the nurse's immediate supervisor
- Unit assignment, shift assignment
- Identified limitations on practice (e.g. shift schedules, overtime, access to controlled substances, employment setting, supervision)
- Written job performance evaluation procedures
- Signed worksite monitor agreement
- Written steps to be taken in the event of relapse

Approved 1/14/11

Managing Relapse

Relapse is defined as a recurrence of disease symptoms after a period of improvement or during apparent recovery. It is not a simple, singular event, but rather, it is a process that usually begins as a progression of impaired thinking and behavioral patterns that set the stage for exacerbation of the disease.

Effective treatment is designed to prevent relapse. However, in the event that relapse does occur, the nurse has a responsibility to act promptly to assure that patient safety and employer liability are not compromised.

During periods of active relapse, the nurse diagnosed with a substance use and/or mental health disorder is expected to remove him/herself from nursing practice and immediately resume strict adherence to the treatment/recovery program. Nursing practice should not be resumed until such time as the relapse behavior is resolved and the nurse is determined by a qualified evaluator to be safe to return to practice.

The nurse experiencing active relapse is responsible to:

- Cease active practice;
- Notify the PRN compliance monitor and worksite monitor of the relapse;
- Immediately resume diligent adherence to the treatment/recovery program; and
- Resume practice only upon the recommendation of a qualified evaluator and concurrence of the compliance monitor.

In cases where the nurse does not timely acknowledge the relapse or denies that relapse has occurred, the PRN coordinator may notify the Executive Director of the Board of Nursing, who may take immediate action to withdraw the limited license until such time as reassessment by a qualified evaluator determines that it is appropriate for the nurse to resume practice. Upon re-issuance of the limited license a new contract for monitoring is initiated.

Relapse behaviors that present too great a safety risk to the public will not be tolerated. Such behaviors may result in termination from the Program for Recovering Nurses and referral to the Board of Nursing for formal disciplinary action. Behaviors that may result in immediate termination from the program include but are not limited to:

- Drug tampering
- Persistent relapse behavior

Approved 3/25/2011

Drug Testing

Drug testing is considered an essential part of the monitoring program for nurses enrolled as a result of drug/alcohol misuse. A failed test may be an indication of unauthorized use and may result in a written warning, required reassessment and/or suspension of limited licensure. Urine analysis is the preferred method of testing. However, other body fluid testing (blood, saliva), hair strand analysis, and buccal swab analysis may also be used.

Drug Tests:

- Are conducted randomly and “for cause”
- Are performed within a maximum of 12 hours of the request
- Are observed and/or use a dry room technique
- Are accompanied by a signed written consent listing all medications being used at the time of collection (copies of prescriptions are required for validation of prescribed medications)
- Follow a strict chain of custody
- Are performed by a Substance Abuse Mental Health Services Administration (SAMHSA)-certified laboratory
- Are tested for drugs appropriate for screening health care professionals
- Are considered “positive” if the specimen tests positive for any drug not prescribed and/or not used for purposes as originally prescribed; or if the specimen is found to have been flushed, substituted, intentionally diluted, contaminated or adulterated in any way

Drug screens are “failed” if:

- The sample is verified by the MRO as “positive”
- A valid prescription is not on file
- The participant does not test when selected or does not test in the designated time frame
- The participant selects a different panel from the panel specified at the time of call-in

Failed Screens:

- Are immediately reported to the compliance monitor by the lab
- Are reported by the compliance monitor to Board of Nursing staff at monthly meetings
- Are immediately reported to Board of Nursing staff by the compliance monitor if verified “positive” by the MRO

Approved 10/7/2011

No Access to Controlled Substances*

The nurse's return to safe practice is the ultimate goal of successful intervention and treatment of substance use disorders. While successful re-entry benefits both the recovering nurse and the employer, it may raise initial concerns for the nurse, the employer, co-workers and the public.

One of the restrictions that may be imposed during re-entry to practice is "no access to controlled substances". This restriction is intended to alleviate safety concerns, which may arise as a result of accessibility in the workplace.

"No access to controlled substances" means that the nurse does not:

- Prepare or administer controlled substances
- Carry the keys or access code to the narcotics container or room where controlled substances are stored or located
- Participate in the count or inventory of controlled substances
- Dispose of or witness the disposal of controlled substances
- Receive the delivery of controlled substances to the facility or unit
- Call in controlled substance prescriptions as an authorized prescriber or on behalf of a prescriber
- Pick up, deliver, distribute, or return controlled substances
- Have access to prescription blanks/pads

The "no access" restriction may be reconsidered once the program coordinator and worksite monitor are confident that it is no longer necessary. Until that time, the nurse must adhere to the restriction as intended. Violations of the restriction may be cause for termination from the monitoring program.

*Controlled substances are drugs, substances or immediate precursors defined in schedules I to V of Article II, Chapter 27, Title 37 of the Uniform Controlled Substances Act. Controlled substances include opioids, sedatives, stimulants, anxiolytics and some muscle relaxants. Controlled substances are medications used in medical practice, which may result in increased tolerance or physical dependence and may lead to addiction or pseudo-addiction in vulnerable individuals.

Approved 3/25/2011

Provisions for Nurses Prescribed Potentially Addicting or Impairing Medications

Nurses who abuse or have abused controlled substances and who continue to use these substances are at substantial risk of relapse and compromise of their recovery. For this reason, the nurse enrolled in the PRN agrees to abstain from drug use, including over-the-counter medications and other mind-altering substances, unless medically prescribed and with the knowledge and approval of the PRN.

- I. When the short-term use of controlled substances becomes medically necessary, nurses enrolled in the PRN who are prescribed potentially addicting or impairing medications will:
 - Provide written documentation from the nurse's primary/treating health care provider indicating the reason for the prescribed medication, the name and dosage of the medication being prescribed, and the anticipated duration of use
 - Develop a plan for management and eventual discontinuance of the prescribed drug use in consultation with the prescribing health care provider
 - Discontinue active nursing practice until evidence is provided that medication use has been discontinued and/or that the nurse is safe to return to practice
 - Continue to meet all terms and conditions of the PRN monitoring contract including meeting attendance, submission of prescriptions, random drug screens, performance evaluations, etc.

Nurses enrolled in the Program for Recovering Nurses who are unable to discontinue the use of prescribed medication may be referred to the PRN Advisory Committee for further direction.

- II. Nurses who are receiving long-term medication-assisted treatment for opioid dependence and/or co-occurring health conditions, including a mental health disorder or chronic pain condition, are a high-risk population that requires special and ongoing monitoring consideration which may differ from other nurses enrolled in the PRN. These nurses may require additional or modified monitoring, conditions and limitations, often through the use of a secondary contract, to protect against relapse and/or to support early detection of impairment.

Approved 4/13/2012

Authorized Temporary Release from Monitoring

Situations may emerge that will prevent the PRN participant from full compliance with monitoring conditions. These situations include, but are not limited to:

- Family emergency or death
- Personal medical emergency
- Job-related travel

In these situations, the program participant may apply for a time-limited release from select monitoring conditions.

Temporary release from conditions for monitoring will be considered only after at least a year of full-compliance with terms of the monitoring contract and under the following conditions:

- Temporary release for non-emergencies must be requested in writing not less than 2 weeks prior to the date(s) of the event
- Temporary release requests must be accompanied by a written safety plan outlining how sobriety will be protected during the release
- Temporary release will be time limited consistent with the requester's history of compliance
- Full compliance with conditions of the monitoring contract will be resumed immediately upon return from sentinel event

PRN participants should expect selection for drug screening immediately upon return from the temporary release.

Exceptions to the above conditions will be handled on a case-by-case basis.

Approved 1/13/2012

Worksite Monitors

Worksite monitors are licensed health care providers employed in the same setting as the nurse being monitored who are willing to provide oversight for the nurse on his/her return to nursing practice. Worksite monitors play an important role in re-entry to practice, in identifying early signs of relapse and in alerting the program compliance monitor to behaviors of concern. Continuous communication between the program compliance monitor, the worksite monitor and the nurse's supervisor is essential to accomplishment of the mission of the PRN.

Worksite monitors should:

- Be knowledgeable about practice restrictions outlined in the PRN monitoring contract
- Be familiar with typical warning signs of relapse
- Be available to oversee the nurse, preferably working the same shift and unit
- Be willing to monitor the nurse's job performance and notify the PRN compliance monitor immediately of any concerns about the nurse's practice, behavior, etc.
- Be willing to communicate with the PRN compliance monitor
- Have at least two years sobriety, if the monitor is in recovery

Work site monitors are responsible for:

- Regular observation of the nurse in order to assess practice and behavior
- Observing and reporting workplace performance and behavior, to include attendance, interaction with colleagues, compliance with practice restrictions, etc.
- Timely submission of work performance reports and/or regular communication with the PRN compliance monitor
- Immediately notifying the program compliance monitor of non-compliance or irregular behavior

Individuals who agree to serve as work site monitors for PRN will be asked to sign a statement indicating their understanding of and willingness to undertake their responsibilities.

Approved 1/13/2012

Professional Support Groups

Professional support groups, including nurse support groups, provide assistance to nurses by facilitating recovery and re-entry to nursing practice. They foster an environment where nurses may feel more at ease in discussing their experiences as well as their feelings; where participants can address the unique problems of health professionals in recovery. They are peer support groups facilitated by a qualified group leader.

Meetings of professional support groups are not a substitute for 12-step meetings, although they may be organized according to the AA/NA model. They supplement but do not take the place of 12-step meetings.

The role of professional support groups throughout the monitoring period includes sharing experiences and providing support in addressing issues related to the process of recovery. Support groups serve as a resource for additional supportive services.

Professional support groups:

- Are guided by a qualified group facilitator
- Provide support regarding professional issues, e.g. return to practice, problem solving, day-to-day issues
- Recognize signs of relapse and provide early intervention
- May meet physically or electronically (although some believe that internet support groups may be best suited for participants with long-term stable recovery)

The group facilitator determines support group policies and expectations, including fees, meeting time and location, etc.

The qualified support group facilitator:

- Is a licensed nurse or other health care professional
- Is knowledgeable about drug/alcohol use as well as group process
- Commits to following the standards adopted by the Board of Nursing for professional support groups

In addition, the support group facilitator who is in recovery:

- Is not participating in the PRN or other monitoring program
- Has maintained sobriety and is successfully active in recovery

Approved 4/13/2012

Glossary of Terms

(Updated January 13, 2012)

ABSTINENCE – refraining from the use of non-medically prescribed and currently authorized drugs, including alcohol.

ADDICTION (aka SUBSTANCE USE DISORDER) – a medical disorder marked by the compulsive use of chemicals (drugs and/or alcohol) and the inability to stop using despite negative consequences caused by their use, including health, economic, vocational, legal, spiritual and social problems.

ADULTERATED URINE – a urine specimen containing a substance that is not a normal constituent or containing an endogenous substance at a concentration that is not a normal physiological concentration

ADULTERATION OF MEDICATION – the debasement or deterioration of a medication by purposeful addition of an admixture of foreign or baser material

ADVANCED PRACTICE PROFESSIONAL NURSE (APPM) – a professional nurse (RN) also licensed by the Board of Nursing as a certified nurse midwife (CNM), clinical nurse specialist (CNS), nurse practitioner (NP) or registered nurse anesthetist (RNA), who has gained additional specialized knowledge, skills and experience and is authorized to perform advanced nursing practice, which may include diagnosing, and prescribing, administering and dispensing therapeutic pharmacologic agents

ADVISORY COMMITTEE – a standing committee appointed by the Board of Nursing and charged to help the Board carry out its responsibilities. Advisory committees are assigned specific responsibilities to make recommendations to and advise the Board on related issues

AFTERCARE – ongoing substance abuse treatment following initial intensive treatment. Aftercare commonly focuses on relapse prevention strategies and may include professional and self-help programs designed to sustain behavioral change and recovery

ASAM – American Society of Addiction Medicine: a physician society with a focus on addiction and its treatment

AXIS I-V – a multi-axial evaluation system recommended in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition TR as a holistic diagnostic approach consisting of five axes, each of which refers to a different class of information, including both mental and physical data

Axis I: Primary biological/psychiatric disorders, including clinical syndromes

Axis II: Underlying issues contributing to Axis I

Axis III: Physical disorders and conditions

Axis IV: Stressors over the last 12-month period defined from mild to moderate to severe

Axis V: Global Assessment of Functioning defined on a scale of 1 to 100

COMPLIANCE – adherence to all conditions and/or restrictions specified in a formal contract for monitoring

CONTROLLED SUBSTANCE - drugs, substances or immediate precursors defined in schedules I to V of Article II, Chapter 27, Title 37 of the Uniform Controlled Substances Act. Controlled substances include opioids, sedatives, stimulants, anxiolytics and some muscle relaxants. Controlled substances are medications used in medical practice, which may result in increased tolerance or physical dependence and may lead to addiction or pseudo-addiction in vulnerable individuals

DETOXIFICATION – structured medical treatment to manage withdrawal symptoms of physical dependence in the process of becoming drug free

DILUTE URINE SPECIMEN – any urine sample with creatinine and specific gravity values that are lower than expected for human urine

DISABILITY – any physical, mental or emotional condition that interferes with the nurse's ability to practice nursing safely and competently

DISCIPLINARY PROCESS – procedures and activities involved in the receipt, investigation, prosecution and case resolution of allegations of violations of the provisions of the Nursing Practice Act and Administrative Rules of the Board

DRUG DIVERSION – the wrongful or illegal taking of medication from a patient, employer or other source, usually for personal use or gain

DUAL DIAGNOSIS – medical identification of co-occurring substance use disorder and psychiatric disorder, which require concurrent, complementary treatment

DRUG TAMPERING – making alterations in medications by corruption or adulteration (e.g. dilution, replacement) without acknowledgement of the change

DSM-IV-TR – *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition TR, a publication of the American Psychiatric Association, listing the official diagnostic classifications of mental disorders

FAILED DRUG SCREEN – any urine sample, hair sample or buccal swab that tests positive for a drug not medically prescribed, or that

- Is found to have been contaminated or adulterated, or
- Is not provided within the designated length of time allowed for drug testing, or
- Has been tested based on a test panel different from the test panel indicated on client “call in”

FALSE POSITIVE – an erroneous result indicating the false presence of a drug

FORMAL DISCIPLINARY ACTION – entry of any order by any Board of Nursing restricting, limiting, revoking or suspending or otherwise sanctioning a license or privilege to practice nursing by any jurisdiction

IMPAIRMENT – physical or mental incapability of engaging in practice consistent with sound patient care or that precludes the safe performance of nursing functions

INTERVENTION – a formal, structured and planned meeting of family and friends, often led by a trained professional, that is

designed to break through the denial of the person with a substance use disorder. The desired outcome of intervention is admission of the person with the disorder to an addiction treatment program.

LIMITED LICENSE – a nursing license subject to specific restrictions, terms, and conditions

MONITORING CONTRACT – an agreement between a recovering nurse and the PRN or the Board of Nursing, that specifies terms and conditions for the nurse to participate in the PRN. Conditions typically include but are not limited to completion of treatment, participation in support group meetings, body fluid testing, self-assessment, practice restrictions and abstinence

MRO – medical review officer

NON-BOARD REFERRAL – enrollment in and monitoring through the Program for Recovering Nurses prior to a complaint of violation of the Nursing Practice Act being filed with the Board of Nursing

NON-COMPLIANCE – failure to adhere to the conditions or restrictions specified in a formal contract for monitoring or designated as conditions on a license to practice nursing

NON-PRACTICING LICENSE RESTRICTION – a license issued to an otherwise qualified nurse that prevents the nurse from engaging in the active practice of nursing. Non-practicing limitation may be removed by the Board of Nursing following receipt of evidence confirming that the nurse's physical or mental health status no longer prevents him/her from engaging in active practice

NURSE SUPPORT GROUP – a facilitated support group that is limited to nurses, whose purpose is to support a nurse's re-entry to practice and recovery

OVER-THE-COUNTER MEDICATION – medications available to the consumer without a prescription by a healthcare professional

POSITIVE DRUG SCREEN -- any urine sample, hair sample or buccal swab that tests positive for a drug, including alcohol

PRIMARY CARE – basic level of health care that includes programs directed at the promotion of health, early diagnosis of disease or disability, and prevention of disease

PRN – Program for Recovering Nurses – a voluntary program administered by the Idaho Board of Nursing for licensed nurses who have been/are likely to be charged with violating the Idaho Nursing Practice Act as a result of disability due to alcohol or drug use and/or to mental impairment. Enrollees agree to participate in treatment and to have their recovery closely monitored by the Board in lieu of disciplinary action

PRN ADVISORY COMMITTEE – an appointed committee of at least six persons who provide recommendations to the Board on matters related to addiction and mental health. Committee members include a member of the Board, who serves as the chair, and additional members who are knowledgeable about addiction and mental health issues

PRN COORDINATOR – the entity who manages day-to-day monitoring for the Program for Recovering Nurses (PRN) under contract with the Board of Nursing

PROGRAM COMPLIANCE MONITOR – monitoring program staff member of the monitoring program with responsibility for day-to-day monitoring of enrolled nurses

QUALIFIED SUBSTANCE USE/MENTAL HEALTH DISORDER EVALUATOR - an expert in the field/fields of substance abuse and/or mental health with credentials attesting to his/her competence, who is experienced in the use of valid, reliable evaluation instruments, tools and processes for diagnosing and determining appropriate treatment

RELAPSE – a recurrence of disease symptoms after a period of improvement or during apparent recovery. It is not a simple, singular event, but rather, it is a process that usually begins as a progression of impaired thinking and behavioral patterns that set the stage for exacerbation of the disease

REVOCATION – Formal termination by the Board of Nursing of the authorization to practice

SELF-REFERRAL – seeking treatment and monitoring through the Program for Recovering Nurses on one's own behalf, independent of coercion or condition by one's employer, the Board of Nursing, or others

SLIP - a brief return to drug use on the road to recovery, that consists of a single use of alcohol or drugs or use that may last a day or two. A slip is immediately acknowledged and reported by the user with rapid return to "working the recovery program"

SOBRIETY – the state of abstinence from mind-altering drugs and alcohol

SPONSOR – a member of AA/NA who provides guidance and help in times of crisis when the urge to return to chemical use becomes overwhelming

SUBSTANCE USE DISORDER – state of dependency on mind-altering chemicals with continuing use that persists despite negative consequences. Substance use disorder can be diagnosed with physiological dependence, evidence of tolerance or withdrawal or without physiological dependence according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)

SUBSTANCE USE DISORDER RECOVERY – the process by which a person with a substance use disorder regains control over his/her life. Recovery is marked by acceptance of having the disorder and abstinence from alcohol and all unauthorized, non-prescribed drugs resulting in an on-going change in behavior and a substance-free lifestyle that includes maximized life functioning and prevention of relapse

SUBSTITUTED SAMPLE – a specimen provided by the individual of whom a sample is requested for testing purposes that is not a sample product of the licensee

TAMPERING – altering a medication by corruption, adulteration or substitution without appropriate labeling to indicate the product composition, dosage, etc. In Idaho, drug tampering is a felony, punishable by imprisonment

TWELVE-STEP PROGRAM – program promoting sobriety and recovery that follows the action steps advocated by Alcoholics Anonymous. The steps include:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

VOLUNTARY SURRENDER OF LICENSURE – the process whereby a nurse who holds a current license signs a written statement admitting to all facts which may constitute grounds for disciplinary action or that demonstrate impairment of the safe practice of nursing. The nurse waives the right to a hearing and all other rights to due process in a contested case under the Idaho Administrative Procedures Act and the Nurse Practice Act,

and relinquishes his/her license and agrees to enter treatment and to be monitored by the Board of Nursing. The surrendered license is held in abeyance by the Board without formal disciplinary action until such time as evidence of the nurse's ability to safely practice is received and the license is fully reinstated, or evidence of the nurse's inability to safely practice results in formal disciplinary action by the Board

WITHDRAWAL OF LICENSE – authority granted to the executive director of the Board of Nursing to immediately terminate a limited license if the nurse fails to comply with terms and conditions of limited licensure or is found to present an immediate threat to the health, safety and welfare of the public

WORKSITE MONITOR – a licensed health care provider in a position at or above the management level of the nurse being monitored, who accepts responsibility to observe and report workplace performance and behavior, including time and attendance, relationships with colleagues and compliance with established conditions. The worksite monitor facilitates reentry to practice by identifying signs of relapse and compliance with conditions of participation in the PRN

Rules of the Board of Nursing

Official copies of Board of Nursing administrative rules may be obtained from the State of Idaho Administrative Rules Office, PO Box 83720, Boise, ID 83720-0011 (208) 334-3577 (Request IDAPA.23.01) or through the Board of Nursing's website at:

www.ibn.idaho.gov

Participant's Intent to Seek Licensure or to Practice Nursing Out-of-State

POLICY:

Licensees who are participating in the Program for Recovering Nurses shall notify the Board of Nursing immediately of a pending relocation out of the State of Idaho. Additionally, the licensee must notify the Board of Nursing in the state in which he/she intends to practice nursing of participation in the Idaho Program for Recovering Nurses.

PROCEDURE:

1. Notify the Idaho Board of Nursing of relocation including the name of the state, a mailing address and telephone number.
2. Notify the out-of-state Board of Nursing to which you are relocating of your participation in the PRN prior to the beginning of practice.

Contact Information

Program for Recovering Nurses

Program Coordinator:

Southworth Associates
413 South Orchard Street
Boise, Idaho 83705

Web Site: www.southworthassociates.net

E-Mail: prnnurse@southworthassociates.net

Toll Free: 1-800-386-1695

Local: 208-323-9555

Cell: 208-891-4726

Fax: 208-323-3222

Board of Nursing:

Idaho Board of Nursing
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Office: 208-334-3110 ext. 2476

Web Site: <https://ibn.idaho.gov>

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